

STATE OF SOUTH CAROLINA

Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter
Certificate from Equinox Consulting
LLC. DBA Equinox Taxi/Limo Service

216989

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-215-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Donnie Rowe

Telephone: 843-284-8181

Address: 3425 Ashley St.

Fax: 843-284-8183

Mount Pleasant SC 29466

Other: 843-514-9381 - Mobile

Email: DROWE@EQUINOXCS.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

RECEIVED
MAY 29 2009
PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 5/28, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

EQUINOX Consulting LLC d/b/a
EQUINOX Taxi/Limo Service

2. (a) Street Address of Applicant 3425 Attley ST.

Mount Pleasant SC 29466

- (b) Mailing address, if different from street address _____

- (c) Telephone Number 843-284-8181 Fed ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: May Year: 2009

Assets:	
Cash	\$500.00
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	\$5,000
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	\$5,500
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	\$5,500

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,)

COUNTY OF Charleston)

I, Donnie Rowe, Owner
(Name of Applicant's Representative) (Title)
of Equinox Taxi Service, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 21 day of May 2009
Dianna Rose
(Notary Public)

Donnie Rowe
(Signature of Applicant's Representative)

Commission Expires: 8/17/2017

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

EQUINOX CONSULTING LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 22nd, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
29th day of January, 2008.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JAN 22 2008

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY


SECRETARY OF STATE OF SOUTH CAROLINA
TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Equinox Consulting LLC
 2. The address of the initial designated office of the Limited Liability Company in South Carolina is
3425 Attley Street
Street Address
Mount Pleasant, 29466
City Zip Code
 3. The initial agent for service of process of the Limited Liability Company is
National Registered Agents, Inc.
Name Signature
and the street address in South Carolina for this initial agent for service of process is
2 Office Park Court, Suite 103
Street Address
Columbia, 29223
City Zip Code
 4. The name and address of each organizer is
 - (a) LegalZoom.com, Inc.
Name
7083 Hollywood Blvd., Suite 180 Los Angeles
Street Address City
California 90028
State Zip Code
 - (b) _____
Name

Street Address City

State Zip Code
- (Add additional lines if necessary)
5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

080125-0290 FILED: 01/22/2008
EQUINOX CONSULTING LLC
Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) **Donnie Rowe**
Name
3425 Attley Street, Mount Pleasant
Street Address City
South Carolina 29466
State Zip Code

(b) **Margaret Donnelly**
Name
3425 Attley Street, Mount Pleasant
Street Address City
South Carolina 29466
State Zip Code

(c)
Name
Street Address City
State Zip Code

(d)
Name
Street Address City
State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

LegalZoom.com, Inc.

By: Armine Ter-Vardanyan, Assistant Secretary

Date 1/15/2008

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211
4. The first annual report for a Limited Liability Company must be delivered to the Secretary of State between January first and April first of the calendar year after which the Limited Liability Company was organized or the foreign company was first authorized to transact business in South Carolina. Subsequent annual reports must be delivered to the Secretary of State no later than three and one-half months after the end of the limited liability company's taxable year.

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Donnie Rowe -

For the transportation of passengers as follows:

Area to be served: Charleston, Berkeley and Dorchester
CountiesNumber of passengers: 4 - 7Fares : ~~Market Rate~~ \$700.00 MaximumDate 5/28/09Donnie Rowe
ByCo-owner
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Kenne Rone
(Applicant)

Date: 5/19/09

(Applicant's Representative)

(Title)

Account Summary For Donnie Rowe



Quote #: 292847

Status: Pending

Originally Quoted: 5/18/2009 3:33 PM EDT

Quote Printed: 5/18/2009 3:38 PM EDT

Quoted By: Anthony Garwood
 GEICO Insurance Agency, Inc.
 One GEICO Boulevard
 Fredericksburg, VA 22412

<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
Liability	25,000/50,000/25,000	4,582
UM - BIPD	25,000/50,000/25,000	548
UIM - BIPD	N/A	N/A
Medical Payments	N/A	N/A
Physical Damage	See Specific Unit	N/A

Total **\$5,130.00**

Revision: 71SC2009R01

Vehicle Information

NICO-Rate Version: 8.1.1.50

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>AI/Lessor</u>	<u>Unit Sub Total</u>
1 2002 FORD CROWN VICTORIA Radius: Up to 25 Miles	4,582	548	N/A	N/A	N/A	N/A	N/A	5,130



NICO-Rate for South Carolina
Columbia Insurance Company



Applicant: Donnie Rowe

Vehicle # 1

Quote #: 292847
Description: 02 FORD CROWN VICTORIA, OTHER -
Class: 704 - Single Unit Taxis without a fare box
Entity Type: Individual
New/Renew: New
Type: Sedan
Size: 5 Seats
Zipcode: 29464 (T - 60)
Radius: Up to 25 Miles
Fillings: None

Business Use: Commercial
AI/Lessor: No
Airbag: Yes
Antilock Brakes: Yes
Power Units: 1
Interstate: No
Mid-Term: No
Trailers: 0

Originally Quoted: 5/18/2009 3:33 PM EDT
Quote Printed: 5/18/2009 3:39 PM EDT

Coverage	Limit (\$)	Premium (\$)
Liability	25,000/50,000/25,000	4,582
UM - BI&PD	25,000/50,000/25,000	548
UIM - BI&PD	N/A	N/A
Medical Payments	N/A	N/A
Spec P & C		N/A
AV Equipment	N/A	N/A
In-Tow		N/A
AI/Lessor		N/A
Cargo		N/A
Vehicle Sub Total		\$5,130

Physical Damage	
Stated Amount:	N/A
Deductible:	N/A
In-Tow	
Limit:	N/A
Deductible:	N/A
Cargo	
Limit:	N/A

NICO-Rate 8 Version: 8.1.1.50

Revision: 71SC2009R01.0

Liability	Base Rate	5,681
	Co Factor	0.9025
	ILF	0.9930
UM	Base Rate	5,681
	Co Factor	0.0977
	ILF	0.9870
UIM	Base Rate	N/A
	Co Factor	N/A
	ILF	N/A
Medical Payments	Base Rate	N/A
	Co Factor	N/A
	ILF	N/A
Spec P & C	Percentage	N/A
	Co Factor	N/A
Combined Coverage Credit		0.00%

Driver Factor 0.9000
Loss Free Credit 0.00%
Applied to Liab No
Applied to PDam No
Experience Rating 0.00%
Schedule Rating 0.00%
Driver Surcharge 0.00%
Liability 0.00%
Excess Liability 0.00%
UM 0.00%
UIM 0.00%
Medical Payments 0.00%
Physical Damage 0.00%
In-Tow 0.00%
Cargo 0.00%
All Coverages 0.00%

Primary Use Public
For Profit Yes
Disability Eq. No
Type Taxi
Num. of Taxis 1
Owner/Operator Yes
Num. of Drivers 1
Fare Box No

For Coding Purposes Only				
Liability (80,20)	3,666	916	0.9930	0.9930
XS Liability (100)	0		1.0000	0.9930
Spec/Coll (25/75)	0	0		

Quoted By: Anthony Garwood

Driver Information for Donnie Rowe

NICO-Rate for South Carolina

Columbia Insurance Company

Policy Driver Rating Factor: 0.9000

Quote #: 292847

Revision: 71SC2009R01

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>	<u>Years Exp.</u>	<u>Total Points</u>	<u>Points Factor</u>	<u>Age Factor</u>	<u>Driver Factor</u>	<u>Mid- term</u>	<u>Unit</u>
1 Donnie n. Rowe	8/26/1968	All Other	2+	0	1.0000	0.9000	0.9000		1

EXHIBIT FWA

Name: Donnie Rowe

Address: 3425 Attley St. Mount Pleasant SC 29466

Telephone No. 843-284-8181 Fax No. 843-284-8183

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ☒
(If "yes", indicate nature of judgment(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Donnie Rowe
(Applicant's Signature)

